

TOLEDO ELECTRICAL WELFARE FUND

Authorization for Release of Information

The following Authorization is requested by American Health Holdings, Inc. for the specific purpose of utilizing such information for Medical and/or Psychiatric Case Management for which the above-mentioned organization has been contracted. This information may be disseminated to other parties who are legally entitled to receive such information.

Signing this Authorization does not in any way waive your right to complete and total confidentiality of such information as required by the Federal Compliance and Federal Alcohol and Drug Abuse Acts.

Please sign and return one copy of the Authorization to the address shown below, the second copy should be retained for your records. Such Authorization will remain in effect for a period of one year from the date such information is received.

I _____, hereby authorize this release of Medical or Psychiatric information to American Health Holdings, Inc.

I, the undersigned, acknowledge all relevant Medical or Psychiatric information related to my case or claim may be released to the above referenced parties, legally entitled to receive same, for the purposes of case management and claims processing. I understand that all information will be treated confidentially and I may revoke such Authorization at any time.

This Authorization may be revoked by me at any time by providing written notice of my intention to revoke such Authorization. Any information, disclosure or dissemination prior to notice of revocation shall not be effected by such notice.

Patient Signature & Date

Authorized Representative Signature & Date
(If patient is unable to sign)

Relationship to Patient

Toledo Electrical Welfare Fund
P.O. Box 60408
Rossford, OH 43460
419.666.4450 (phone) 419.666.5410 (fax)